

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012705

FILED MAY 14 1959

Registration District No. 72 Primary Registration District No. 4134 STATE FILE NUMBER 79 Registrar's No. 79

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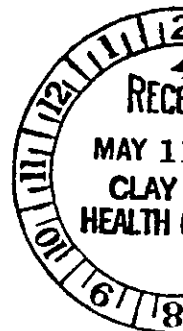
1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE, MO.		c. CITY OR TOWN SMITHVILLE 6000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE HOSP. COMMUNITY IO Da.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FLOYD CLEVELAND MILLER		4. DATE OF DEATH Month Day Year MAY I, 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 9, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GRAIN & STOCK	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS
11. BIRTHPLACE (City and state or country) CLINTON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM E. MILLER		13b. MOTHER'S MAIDEN NAME ELLA BAILEY	
14. NAME OF HUSBAND OR WIFE ROSA LEE DUNN MILLER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address SMITHVILLE, MO. MRS. ROSA LEE MILLER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Thrombosis DUE TO (b) Intra Capillary Glomerular Sclerosis DUE TO (c) Diabetic Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 260X
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-21- to 59-51-59 and last saw him alive on 5-1-59 Death occurred at 1145 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE CPB (Degree or title)		22b. ADDRESS Smithville, Mo	
22c. DATE SIGNED 5-2-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-3-'59	
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY		23d. LOCATION (City, town, or county) (State) SMITHVILLE, MO.	
24. FUNERAL DIRECTOR ADDRESS MCCOMAS FUNERAL HOME, SMITHVILLE MO.		25. DATE RECD. BY LOCAL REG. 5-3-59 26. REGISTRAR'S SIGNATURE Marguerite Hudgens	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528
P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.